

nals have so far forgotten that universally recognized journalistic courtesy which refrains from personalities as to mention and attack the editor of your JOURNAL by name. But that is all right; he can stand it; but please remember, when you see or hear these things, the real reason for this abuse. It is a purely commercial one. For instance, take the very issue of the *St. Louis Medical Review* in question. It carries 13½ pages of advertising, of which probably 12 pages are paid for in cash. If the rules of the Council on Pharmacy and Chemistry were applied to this advertising, at least 4 pages of it would have to go out. There is your explanation. These journals live on the nostrum advertising which they print, and they do not at all like to have this fact pointed out. Hence they abuse your JOURNAL, for the reason that it is so persistently agitating the nostrum evil and what it really means.

"Patent" and Secret Proprietary Medicines.

Some weeks ago we published a letter from Mr. Bok of the *Ladies' Home Journal* in which he appealed to physicians for aid in the fight against patent medicines. Since then some correspondence has passed between Mr. Bok and the editor of *The Journal* (A. M. A.). The last letter received was accompanied with a number of advertisements clipped from medical journals—and we regret to say some were from *The Journal of the American Medical Association*, one of which is still there, and probably will be till the contract expires—with a query, "What is the difference between these and 'patent medicines'?" No reply has been sent, as we were not able to answer. If any of our readers can tell the difference between most of the secret proprietary medicines that are advertised to physicians in medical journals and "patent medicines" that are advertised to the public in newspapers, we hope they will inform us so that we can reply to the editor of the *Ladies' Home Journal*.—*Journal A. M. A.*, September 9, 1905.

[The STATE JOURNAL wishes to congratulate the *Journal A. M. A.* on this frank expression regarding certain undesirable advertisements which appear in its pages; this attitude disarms criticism. It is only to be regretted that such a statement as this was not made a year ago, in which case we would have been spared the necessity of making unpleasantly critical remarks. We are particularly glad to note the public announcement that the objectionable advertisements will be dropped from the *Journal's* pages as the contracts expire, and we may look forward to the *Journal* in 1906 and thereafter taking that position in medical journalism which the Association has taken among American medical men—in the front rank of those who are earnestly striving for the right by example as well as by word.—Ed.]

Inefficient Refracting.

There are probably not a half dozen hospitals or ophthalmic clinics in the world outfitted with a trial-frame or set of test lenses that would enable even an expert refractonist to diagnose ametropia with the perfect accuracy which is necessary to cure morbid ocular reflexes. But those set to do refraction work in the public clinics are not expert. They are the students and learners. Hence nine-tenths of the glasses prescribed in these institutions are not correct. Ophthalmic surgery and inflammatory diseases are all that interest, and these would be largely preventable by the refraction that is neglected and misdone.

Even in the institutions for the blind, it has been found that some of the inmates are not blind, and that their remnants of vision may be so vastly improved as to make these dependents self-supporting.—Gould, in *Journal A. M. A.*

San Rafael Cottage Hospital.

Under this name, Drs. Howett, Jones and Wickman, of San Rafael, have incorporated and established a hospital.

PRESIDENT'S ADDRESS AT THE THIRD ANNUAL MEETING OF THE PACIFIC ASSOCIATION OF RAILWAY SURGEONS.

By N. H. MORRISON, M. D., Los Angeles.

I FIND some difficulty in expressing to you the pleasure which I feel in presiding at the deliberations of the association at this time, its third session. While we are still a very young association, we have accomplished much in the brief period of our existence—so much, indeed, that we may look backward with pride and into the future with great confidence. The benefit which follows the gathering together of men whose activities are directed along the same general line is now well recognized, and I believe has been strongly characteristic amongst ourselves. The exchange of ideas during the general discussion of any topic which interests us all, the appreciation of the different view-points of other men, the knowledge of how others solve problems that confront every one of us, are features of our meetings that make for the betterment of all. An equally important result—the rubbing together of the various units which make up collectively the surgical system of the railway service—is not as a rule sufficiently appreciated. It is well for men who work together, or along the same lines, to know each other personally; to take a personal interest in each other's work; to become directly acquainted and to meet together from time to time. The surgeon has his own way of doing work, which is a part and parcel of himself. He prefers to hew his timber with his own broad axe, and he does better work when using his own instruments. The things he likes best he does with more zeal and pride than the things which he dislikes, and consequently he is apt to slight that which is disagreeable for him to do.

There are two or three important points to which I desire to call your attention. One is "Drinking Water." All water at division points, where men are working, should be carefully examined by a bacteriologist, and if found impregnated with germs should be sterilized before using for drinking purposes. This can be done at small expense by having the steam from the stationary engines condensed. We all know how easily water becomes infected with typhoid germs, and before we are aware of the fact an epidemic of typhoid fever breaks out, and we then have an abundance of trouble on our hands, which could easily have been avoided if the water had been examined at sufficiently frequent intervals so that we would know that the men were drinking pure water.

Frequent inspections should be made by the surgeons to see that the sanitary conditions are perfect at all points on the line where there are men working. Toilets and cesspools should be examined to see that the drainage is what it should be. It is more desirable to prevent disease among the men than it is to treat them after they become ill, and much less expensive to the associations, to say nothing of lessened danger to the individuals themselves.

The relation between the railroad surgeon and employees should be of the most confidential and agreeable nature. When a surgeon is summoned to attend an employee he should ascertain first whether it is a medical or surgical case. If surgical, he should go prepared to cleanse and dress the wound in the most careful manner, in order to prevent any infection. Should it be found necessary to scrub the parts with a brush, the lacerated or cut wounds should be filled with antiseptic gauze while the brushing process is going on, so as to carry no germs from the surface of the skin into the wound, which is often done if this precaution is not taken. After the wound has been cleansed and dressed, the patient, if the injury is serious, should be sent to the hospital, with a note to the surgeon in charge explaining what has been done. If the surgeon is called to a medical case he should

respond as quickly as possible, using as much care and gentleness in his examination and treatment as if it were a private case paying a good fee. Should the surgeon not show proper attention to a railroad man, he feels it much more keenly than if he were a private patient. We should always remember that "what is worth doing at all is worth doing well."

The relation of the surgeon to the railroad company is sometimes misunderstood. Surgeons are liable to error, as they may feel that they cannot serve well both the patient and the railroad company. In a case of accident the surgeon should always make a very careful examination, to determine if possible the precise nature of the injury. After the examination has been concluded the surgeon should render an honest and conscientious report. The patient should not expect the surgeon to do dishonest work for him, which he himself would not do. There is no easier way for a patient to lose confidence in the surgeon than for him to show a disposition to be unfair. A patient places his life in the surgeon's hands, and he must deal justly with him. On the other hand, the railroad company does not expect a report biased in their favor. What they want is to know the full extent of the injury and the probable time of recovery. A settlement with the injured party is based on the surgeon's opinion, and if the opinion is given honestly he has done all that can be expected of him.

The railway surgeon more than anyone else should be a thoughtfully conservative man. He should judge clearly and weigh carefully the ultimate probabilities. Again and again is he confronted with conditions which call for the exercise of the coolest judgment and the most careful consideration of the final consequences of what he must do at once. On him will often fall the responsibility which subsequently may mean much to the company in whose service he is enlisted; much of credit or much of blame. True, there is very often but little time in which to consider and weigh the pros and cons, and it is for that reason that I wish to impress upon you the importance of reasoning conservatism. One may always take away a little more, but one cannot replace what has been removed. Immediate amputation may seem to be imperatively demanded; yet if we temporize and watch the patient carefully, we may find that this more conservative treatment will result in the saving of a good and fairly useful limb. My rule is to cleanse the wound as well as possible, and control the hemorrhage; the slight oozing, as a rule, will stop on packing the wound gently with antiseptic gauze, slight pressure being made—not too great to interfere with the circulation. After this is done I cover the limb for some distance above the injury with antiseptic gauze (I prefer bi-chloride, slightly moistened), then apply a roll of cotton over the gauze and cover the whole limb with a large piece of oil silk. This can be held firmly in position by the roller bandage or with adhesive strips, as the surgeon may elect. By this method the normal temperature of the lower portion of the extremity is maintained by the natural heat from the upper part. I let this dressing remain on the limb for at least 12 hours, then remove it and examine the limb. If there is a sufficient number of blood vessels remaining, collateral circulation will indicate to the surgeon whether nature is capable of repairing the injured parts. The time for shock is now probably past, and we are able to determine whether amputation should take place or an attempt should be made to save the limb. We should always keep in view the fact that a workingman's limbs are his stock in trade, and if we take them away from him we deprive him of his capital. The limb may not be quite as serviceable as originally, but the laborer will manage in some way to make a living, while if his limb has been removed he feels that he is a pauper and of but little use to himself or anyone else. In a great majority of such cases men become beggars and loafers, and make no effort to earn their own living. Let us act on the side of humanity, and be guided by conservatism in all cases of injury.

EARLY OPERATION OF GALL-STONE DISEASE.*

By EMMET RIXFORD, M. D., San Francisco.

THE surgical treatment of gall-stone disease is a subject so extensive and one whose literature is so vast that it is a sheer impossibility to make an adequate presentation of it in a single paper. It seemed best, then, to select for this occasion a single phase of the subject and I have accordingly chosen as most appropriate for discussion before a society composed of both physicians and surgeons, a subject which presents common ground on which all the members may meet; viz., "The Value of Early Operation in Gall-stone Disease." Matters of the more intimate indications, in particular pathological conditions and the indications for particular operative procedures, are more appropriate for detailed discussion before societies of surgeons, but since physicians come into contact with cases of gall-stone disease before the surgical specialists see them, a free discussion of this common ground may be well timed; not that I can say much that is new to this audience, or that has not been said before, but I would say that as a conclusion drawn largely from my own operative cases, limited though they be, it is evident to me that there is need for wider conviction as to the advantages of early operation in gall-stone disease.

While the etiology of gall-stones is being rapidly worked out by the experimental pathologist, the symptomatology and the diagnosis by physician and surgeon together, the chief advances in the treatment have been by the practical work of the abdominal surgeon. A few great names stand out pre-eminent in gall-stone surgery, and it is a matter of considerable national pride that many of them are Americans. I would mention Courvoisier, Langenbuch, Robson, Kocher, Kehr, Richardson, Fenger, Halsted, Murphy, Davis and Mayo brothers.

The most hurried glance through the history of gall-stone surgery will show a decided tendency on the part of operators to choose their procedure and the time of operation more and more in view of the late and more serious complications and sequellæ of gall-stone disease. In this field, perhaps more than any other, simplification of procedure means anticipation and attack before the more serious complications have arisen; it means seizure of the time for removal of the gall-stones, which are in reality foreign bodies, while the conditions surrounding them are still simple. Richardson has called attention to the analogous conditions presented by gall-stone disease and appendicitis and to how early operation in each case will prevent the more dangerous later conditions. Ochsner has emphasized the fact that a large percentage of cases of gastric troubles have their origin in the irritation produced by gall-stones which may manifest themselves in no other way, and argued for the early removal of such gall-stones.

While the mere presence of gall-stones in the gall-bladder does not constitute gall-stone disease, and may be looked upon as the result of an infectious inflammation, rather than the primal cause, still the history of great numbers of cases shows the vastly greater frequency of attacks of cholecystitis and cholangitis in the presence of gall-stones than in their absence. Therefore gall-stone disease may be looked upon as a group of essentially surgical affections based upon the mechanical conditions produced by the presence of gall-stones. Such a mechanical cause can be removed, so far as we now know, only by mechanical means. Internal medication has meaning in prophylaxis because much can be done by rational treatment and proper living to maintain a high standard of general health and thereby diminish the probability of the formation of gall-stones; but after gall-stones have once formed, about all that can be accomplished by medical means is the greater or less relief afforded as to certain symptoms by lessening in-

*Read at the Thirty-fifth Annual Meeting of the State Society, Riverside, April, 1905.